

This form will expire in two years. Date _____

It is imperative that you notify us of any changes in condition or medications during the year.

If registering more than one participant, **please** complete an additional form for each registrant.

This form must be completely filled out before we will register the participant.

For participants needing more assistance than a reminder to take prescribed medication, please check _____. A permission form must be obtained, signed and returned to CCPRCAD in order for staff to assist. Contact CCPRCAD to obtain a form.

DOCTOR'S NAME: _____

PHONE: _____

1

SAFETY: CCPRCAD is committed to conducting programs with the utmost safety and concern for participants. Those registering for programs must recognize, however, that there are potential risks of injury when participating in recreation programs. CCPRCAD continually strives to reduce such risks and provides safety rules and instructions to protect participants.

INSURANCE: CCPRCAD carries liability insurance only. The cost of medical insurance coverage for injuries would make program fees prohibitive, therefore it is the responsibility of each individual or family to **provide their own medical insurance**. CCPRCAD must have the following information, however, in case of an emergency.

Medical Insurance Co _____ Policy # _____

PARTICIPANT INSURANCE: Participants enrolled in Cobb Parks, Recreation and Cultural Affairs programs can purchase insurance at a cost of \$6.00 per person. Effective dates are from January through December. I wish to purchase insurance. Yes _____ No _____.

CCPRCAD provides an approximate 1:4 staff to participant ratio. Please note if participant requires a closer ratio and why: _____

Inappropriate Activities: _____

Areas/goals for the instructor to work toward: _____

Please indicate under what circumstances, if any, participant may be without leader supervision (i.e. to leave for home on own, etc.) _____

IS A BUS AIDE REQUIRED? Yes _____ No _____ If yes, explain why: _____

SWIM INFORMATION: Beginner _____ Advanced Beginner _____ Intermediate _____ Advanced _____ Diving _____

TOILETING ASSISTANCE: Yes _____ No _____ If yes, explain why: _____

Release of information permission for CCPRCAD to contact school/workshop staff concerning the participant's needs: Yes _____ No _____.

OTHER INFORMATION WE MAY FIND HELPFUL TO KNOW:

Photo permission for CCPRCAD publicity purposes: Yes _____ No _____.

RELEASE AND HOLD HARMLESS AGREEMENT
PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT

Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations, and instructions outlined by the staff of the Cobb County Parks, Recreation and Cultural Affairs Department, I am, to the best of my knowledge, in good health and able to participate in the program.

I authorize the staff of the Cobb County Parks, Recreation and Cultural Affairs Department to organize any required medical or first aid procedure, or to take the undersigned to a hospital emergency room for treatment. If any major treatment is required, I understand that every effort will be made to notify the individual indicated as emergency contact beforehand by telephone.

The undersigned hereby forever releases, discharges, and covenants to hold harmless Cobb County Parks, Recreation and Cultural Affairs Department, Cobb County Recreation Commission, Cobb Arts Commission, Cobb County Board of Commissioners and Cobb County, Georgia, and any other person, firm, corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action belonging to the undersigned or arising out of any act or occurrence in connection and particularly on account of all personal injury, disability, property damage, loss or damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of the participation in the recreation program sponsored by the Cobb County Parks, Recreation and Cultural Affairs Department. The undersigned hereby bind their heirs, administrators, executors and successors. Further, this agreement shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting here-from. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

DATE: _____ BY: _____ (Signature of **Participant**)

DATE: _____ BY: _____ (**Parent or Guardian**)

NOTE: Signature of participant and parent/guardian are both required if participant is **under age 19**, or is registered for a program for the mentally or physically disabled, or other special population member.

In order that the Department assures compliance with ADA (American with Disabilities Act), if you have a specific physical or service accessibility need, please make the staff that work with the program/facilities aware so that we can reasonably accommodate your need.

2